Dear Parent or Guardian,

We are so pleased that you have decided to send your child(ren) to the South Florida Science Center’s STEM Studio Science Camp. Our Science Camp Staff is dedicated to making your experience as enjoyable as possible for you and your child. Please fill out all enclosed forms and return as soon as possible by email, fax or hand delivering. Please take a moment to review the information below as you will find answers to frequently asked questions regarding Science Camp.

1. **What does the camper need to bring each day?**
   a. Packed lunches should be in non-perishable or thermos bags. Refrigeration is not available for packed lunches. Peanut products are NOT PERMITTED.
   b. Two daily snacks will be provided, however, if preferred, campers may bring their own.
   c. It is best to bring your own extra drinks, especially water.
   d. Costello’s Tratorria may also provide lunch at an additional cost. You can pre-order lunches on Monday mornings at check-in.
   e. Electronics/video games of any sort are not permitted. We are not responsible for lost or damaged items. Please do not bring any video games or iPods of any sort.
   f. Be sure to put the camper’s name on all personal items such as lunch boxes, water bottles and clothing.

2. **What should the camper wear?**
   a. Campers should wear shorts, tee shirts, or other comfortable clothing according to our weather.
   b. Closed toe shoes are required (sneakers are ideal).
   c. Heelies/shoes with wheels, sandals, and flip flops are not to be worn.
   d. Camp shirts are not required everyday but are optional and encouraged.

3. **What are the camp hours?**
   a. Camp activities start at 9:00am and end at 4:00pm each day.

4. **How does the camper check in and check out?**
   a. A parent or other responsible adult must accompany camper into STEM Studio in the morning and sign-in sheets must be initialed by that person.
b. Only authorized adults will be permitted to sign out a camper. Please be sure that you have filled out the form authorizing pick-up by someone other than the legal guardians.

c. **Photo ID’s will be checked every day** when picking up a camper, so bring it into STEM Studio with you. Please be sure to let other authorized adults know they will be required to show ID.

5. **What if I must pick-up my camper early?**
   a. Early pick-up is permitted. Be sure to have your photo ID with you.

6. **What is a typical day of camp like?**
   a. Campers are engaged in 2 interactive, hands-on science lessons, 1 theme-related craft, 2 outdoor PE activities, a ½ hour lunch break, two 15 minute snack breaks, and STEM related exploration time.
   b. Camp schedules will be provided everyday at the Check-In desk.

I ALSO UNDERSTAND THAT THERE WILL BE NO REFUNDS OF CAMP PAYMENTS OR FEES FOR ANY REASON.

If you have any additional questions regarding Camp, please contact Kristian Zambrana, Camp Manager at 561.370.7703 or kzambrana@sfsciencecenter.org.

Sincerely,

**Kristian Zambrana**
Camp Manager
South Florida Science Center and Aquarium
4801 Dreher Trail North
West Palm Beach FL 33405
Phone: 561.370.7703
kzambrana@sfsciencecenter.org
SOUTH FLORIDA SCIENCE CENTER
AUTHORIZED PICK-UP AND PHOTO RELEASE FORM

In order to ensure the safety of campers, only authorized person(s) will be allowed to pick-up your child. Photo identification is required at time of pick-up.

Name of camper(s): ____________________________________________________________

Password (optional): __________________________________________________________

I give permission for the following persons to pick-up my child(ren) from summer camp:

**Please remember to list any and all names (yourself included) below**

________________________________________ (Parent) ________________________________

________________________________________ (Parent) ________________________________

____________________________________________________________________________

PHOTO RELEASE

I hereby grant the South Florida Science Center and Aquarium (Science Center) permission to use my child’s likeness in photographs/video in any and all of its publications and in any and all other media, including website entries, whether now known or hereafter existing. I understand and agree that these materials are controlled by the Science Center in perpetuity.

I hereby irrevocably authorize the Science Center to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the Science Center’s programs or for any other lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I will make no monetary or other claim against the Science Center for use of the photograph/video. Further, I hereby release and otherwise agree to hold you harmless and to indemnify you, your licensees and/or assigns from any and all claims arising out of, or resulting from my appearance and my statements in the above.

I hereby certify that I am the parent or guardian of _________________________ (child’s name)

and do hereby give my consent without reservation to the foregoing on behalf of this person.

________________________________________ (Parent/Guardian’s Signature) __________________________ (Date)
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS-READ BEFORE SIGNING

In consideration of ______________________, my minor child/ward (“my child”), being allowed to participate in any way in the SFSC program related events and activities for Science Camp the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from activities involved in these programs is significant. These activities include but are not limited to play time on the Science Center grounds, indoors and out, science laboratories, crafts, contact with marine animals and exhibits in the Science Center. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and,

2. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately, and

3. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE SFSC, its officers, officials, agents and/or employees, other participants, sponsoring agencies, advertising, and if applicable, owners and lessors of premises used to conduct the event (“Release”). WITH THE RESPECT TO ANY AND ALL INJURY, or loss or damage to person or property incident to my child’s involvement or participation in these programs, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law, and,

4. I for myself, my spouse, my child, and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

5. It is expected that when a child attends camp activities the SFSCA will administer first aid on site for minor injuries and will give a verbal report of those minor injuries to the authorized pick-up person at the end of the day. In the event of any major injuries you will be called as soon as possible. It should be noted that every one of our teacher/counselors is CPR and First Aid certified.

I HEREBY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x___________________________________________________Date signed_________________

(Parent/Guardian Signature)

CONDUCT AGREEMENT

I understand my child’s personal responsibilities for adhering to the rules and regulations of the camp. This includes:
1. Abiding by all camp and program rules and procedures.
2. Respecting the rights and the authority of all staff and fellow campers. Teachers and counselors are responsible for making camp safe and enjoyable for everyone.
3. Understanding that problems with behavior such as bullying, swearing, or harming another child will result in your child being sent home or removed from the program for the rest of the summer with no refund of tuition.
I ALSO UNDERSTAND THAT THERE WILL BE NO REFUNDS OF CAMP PAYMENTS OR FEES FOR ANY REASON.

x___________________________________________________Date Signed_________________
Camper Allergy Information

Please indicate below any and all allergic information that the SFSCA Camp Staff should be aware of.

Camper Name: ______________________________________________________________________________

What causes an allergic reaction?: _________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

What are the symptoms of the reaction?: ___________________________________________________________  
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

What is the treatment or medication required (if applicable)?:________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Emergency Contact Information

Name__________________________Name__________________________
Home___________________________Home_________________________
Work____________________________Work_________________________
Cell_____________________________Cell___________________________

I hereby consent to the above:

Parent/Legal Guardian________________________Date________________________
(Signature)
CONSENT TO TREAT AFFIDAVIT - MEDICAL EMERGENCY  
(Hard Copy must be submitted to the SFSCA Staff prior to camper’s first day)

In the event of a medical emergency, we must be able to have specific medical and consent to treat information that we can provide to medical personnel. Please take a moment to complete this form as soon as possible. If your child takes any prescription medication, please attach a separate sheet with the information. Please also sign and complete the reverse side of this page as well.

Name of child____________________________________________________________________
I________________________________________parent or legal guardian of the above named child,
do hereby authorize paramedics who may be called in the event of a medical emergency, to treat my child for the purpose of stabilizing any life threatening condition. I also authorize transportation to the nearest Trauma Center if such condition is warranted in the opinion of the paramedics. (Although we ask that you consent to the above condition, it is noted that paramedics do not require parental permission to stabilize and transport to the nearest Trauma Center in the event of any life threatening emergency).

Please check either option A or B:

A. ______I hereby authorize paramedical personnel to transport my child in the event of a serious but non-life threatening emergency to:
   (Please check 1 or 2)
   1. ______The nearest available hospital
   2. ______The following hospital of my choosing________________________________
      (This hospital must be in the area that the paramedics are willing to transport, or they will use the nearest hospital available)

B. ______I do not authorize transport without consulting me.*

*Please also note, that if you do not authorize transport prior to contacting you, it is agreed that the South Florida Science Center and Aquarium shall not be held liable for consequences arising from such decision.

Please list any additional instructions or limits and allergies.
____________________________________________________________________________________
____________________________________________________________________________________
________________________________________________________________________

I understand that every reasonable effort will be made to contact me in the event of a medical emergency.

EMERGENCY CONTACT PHONE NUMBERS (Provide Extensions when needed)

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<tr>
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I hereby consent to the above:

Parent/Legal Guardian________________________________Date________________________
(Signature)